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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. BOX 1450
Alexandria, VA 22313-1450

Application Number	10/072,616
Filing Date	February 7, 2002
First Named Inventor	Hiromu ISHIYAMA
Art Unit	2673
Examiner Name	Jimmy H. Nguyen
Attorney Docket Number	81751.0028

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. Previously submitted
- i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on November 8, 2004
(Any unentered amendment(s) referred to above will be entered).
 - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. Other _____
- b. Enclosed
- i. Amendment/Reply
 - ii. Affidavit(s)/Declaration(s)
- iii. Information Disclosure Statement (IDS)
- iv. Other _____

2. Miscellaneous

- a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. Other _____

3. Fees

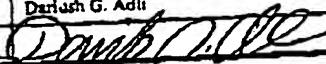
- The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1314.

- i. RCE fee required under 37 CFR 1.17(e) \$790
- ii. Extension of time fee (37 CFR 1.136 and 1.17) \$110

- b. Other _____

- c. Check in the amount of \$ _____ enclosed
- WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Dariush G. Adli	Registration No. (Attorney Agent)	51,386
Signature			
Date	December 6, 2004		

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print Type)	Rhonda Hurt	Date	December 6, 2004
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND COMPLETED FORMS TO THE FOLLOWING ADDRESS: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

01/24/2005 KHALING 0000004 501314 10072616

PAGE 101 RCVD AT 12/6/2004 7:38:32 PM [Eastern Standard Time] 'SVR:USPTO-EFXRF-10' DHS:8729306 'CSID:41213376701' DURATION (mm:ss):01:24

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Attorney Docket No. 81751.0028
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisanobu ISHTYAMA

Serial No.: 10/072,616

Confirmation No.: 3217

Filed: February 7, 2002

For: DISPLAY DRIVER, DISPLAY UNIT,
AND ELECTRONIC INSTRUMENT

Art Unit: 2673

Examiner: Jimmy H. Nguyen

I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9305:
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 on
December 6, 2004
Date of Deposit
Rhonda Hurt
Name
Rhonda Hurt
12/06/04
Signature
Date

PETITION FOR EXTENSION OF TIME

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with 37 C.F.R. 1.136, Applicant respectfully petitions the Commissioner for a one-month extension of time extending to December 6 2004, the period for response to the Office Action dated August 6, 2004. Please charge the fee of \$110 for this extension to Deposit Account No. 50-1314. The responsive paper(s) are attached.

Please charge any insufficiency or credit any overpayment to Deposit Account No. 50-1314. A copy of this petition is enclosed.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:



Dariush G. Adli

Registration No. 51,386

Attorney for Applicant(s)

Date: December 6, 2004

500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Phone: 213-337-6700

01/24/2005 KHALIFax:213-337-6701/0072616

02 FC:1251

110.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

101072616

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	2	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	2 minus 20 = *	*
INDEPENDENT CLAIMS	9 minus 3 = *	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	FEES
BASIC FEE	370.00
OR	BASIC FEE
X\$ 9=	740.00
OR	X\$18=
X42=	X84=
+140=	+280=
TOTAL	TOTAL

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	A	(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus	21	= 0
Independent	2	Minus	3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	No
OR	X\$18=
X42=	Fee
OR	X84=
+140=	One
TOTAL ADDIT. FEE	-0
OR	TOTAL ADDIT. FEE

AMENDMENT B	(Column 1)	B	(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	14	Minus	21	= 0
Independent	2	Minus	3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	No	X\$18=	No
OR		OR	
X42=	Fee	X84=	Fee
OR		OR	
+140=	One	+280=	One
TOTAL ADDIT. FEE	-0	TOTAL ADDIT. FEE	-0

AMENDMENT C	(Column 1)	C	(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	*	=
Independent	*	Minus	*	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		OR	
X42=		X84=	
OR		OR	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.